

Public Voucher for Purchases and
Services Other Than Personal

D. O. Vou. No. _____
Bu. Vou. No. _____
360R000400120045-6

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

SAPC 10048
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				37,327	92

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$37,327.92

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

(Sign original only)

Date 10/30/56 *Payee _____

STATINTL

(This certificate not required with bills)

Amount verified; correct for
(Signature or initials) *Jock*

37,327 92

Per _____ Title _____
Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ _____

APPROVING OFFICER

Title _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL STATINTL

Paid by { Check No. _____ dated 10/30/56, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the approving officer. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 442
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System I					
		Direct Costs Properly Chargeable to Contract A101 for the period 4/22/56 thru 7/22/56					
		Labor for the period April 22 thru July 22, 1956					
STATINTL		Overhead computed for the Communications Division at interim rate of [REDACTED]					
STATINTL		Other Costs - per schedule attached	315	21			
		JV 056207	77	68			
		JV 066207	30	69		423	58
		Total Labor, Overhead and Other Costs					
STATINTL		G & A expense computed at interim rate of [REDACTED]					
		Total Costs				\$ 37,327	92

BW - Y1002 (4-88)

OK 8773

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☐ DETAIL INDIRECT DISTRIBUTION

☐ SUMMARY DIRECT POSTING JOURNAL

☐ SUMMARY INDIRECT POSTING JOURNAL
FOR OPERATING DIVISIONS

ACCOUNT

☐ SUMMARY INDIRECT POST
FOR NON-OPERATING DIV

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
25	20	30	07	10	6	50753	THERM/O/N	527970
25	20	30	07	12	6	50682	PETTY CASH	U

ADJUSTMENTS

7/15/56
DATE

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6/17/56
DATE

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DATE

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STING JOURNAL
DIVISIONS

CHARGE DISTRIBUTION

RECEIVING
REPORT
NUMBERC.E.
CODE

ACCOUNT

M.J.O.

S. O.

WORK ORDER

DISTRIBUTION
AMOUNT

2417

5

12700

5061

2

12771
12771
12771
12771

-
-
-
-

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5/21/50

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DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL

DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL

CONSOLIDATED ACCOUNTS PAID DISTRIBUTION

COST CENTER							DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER	RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
MAJ	INT	SUB	MO	DAY	YR										ACCOUNT	M.J.O.	S.O.	WORK ORDER	
25	20	30	05	01	6				25205	PETTY CASH	4/27			5	12700	3061	2		1250
25	20	30	05	03	6				25350	PETTY CASH	5/3			5	12700	3061	2		1250